The following instructions are for candidates who have registered to take the Uniform CPA Examination as a candidate in any of the following jurisdictions:


and are requesting a partial refund of exam fees not used or an extension of their valid Notice to Schedule (NTS) due to a documented hardship. Do not submit this Form to request exam credit extensions.

NASBA POLICY
There is no provision for withdrawing from the examination and/or requesting an extension of your current Notices to Schedule (NTS). Application and/or examination fees are NOT refundable. If your NTS expires prior to your taking the examination section, or you fail to attend your scheduled testing appointment, you will not be able to reschedule or receive a refund on any of the fees you have paid and you will have to reapply for the examination and pay the appropriate application/registration and examination fees.

EXCEPTION TO NASBA POLICY
Candidates with unforeseen, extreme circumstances may request an NTS extension or a refund of the fees not used, below is a list of circumstances which would be considered hardships;

- VISA rejections - Copy of the official rejection letter must be submitted with this form. (Failure to renew your VISA in a timely manner will not be considered)
- Military Deployment - Copy of the official military orders must be submitted with this form.
- Medical Emergency –Copy of the doctor statement listing date(s) of care and restriction(s) must be submitted with this form. (Must be signed by physician and translated to English if international)
- Death - Copy of the death certificate or obituary (name shown) must be submitted with this form.

Handwritten documentation from the person submitting this request is not considered supporting documentation. Circumstances OR ongoing medical issues which would be considered chronic, which happened before the issuance of your NTS are not considered as unforeseen.

NOTE: If you are scheduled to take the examination, you are required to cancel the scheduled appointment and pay all appropriate fees prior to submission of this form. If you do not cancel your exam, your request will be denied and you will be required to resubmit all documentation along with your exam cancellation confirmation.

EXCEPTION TO POLICY RULES AND PROCESS
The Exception to Policy rules are as follows:

- The Exception to Policy Form and supporting documentation must be submitted together and received no later than thirty (30) days from the date of the extreme circumstance.
- Refunds - Candidate will receive a partial refund via check for fees not used at time of submission.
- NTS Extension - Candidate will receive an extension of their NTS only for the documented time that was lost and only up to one testing window worth of testing time (90 days.)
- A candidate can request one (1) NTS Extension OR a partial refund for a Notice to Schedule using the same hardship.
- A candidate cannot have multiple Exception to Policy requests for any one Notice to Schedule, regardless of sections.
- Do not submit this form to request exam credit extensions. (You must contact your board of accountancy directly to request exam credit extensions)

Allow seven (7) business days from submission of the Exception to Policy Form and supporting documentation for processing. Upon review, the candidate will be notified via email of Refund Request Committee decision regarding their request.
EXCEPTION TO POLICY

The Exception to Policy Form and documentation must be received no later than thirty (30) days from the date of the extreme circumstance. Failure to submit the Exception to Policy Form and supporting documentation will deem request incomplete and will result in automatic denial of request. Candidates are advised that only one(1) Exception to Policy request can be submitted per Notice to Schedule (NTS.)

This form can be submitted to our office via Mail: 150 Fourth Ave. N, Suite 700, Nashville, TN 37219 Fax: 615.312.3792 or Email: cpaesrefund@nasba.org

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1. Jurisdiction:_____  2. Jurisdiction ID #:________________________

3. Name: ____________________________________________________________

4. Mailing Address: _______________________________________________________________________

4. Mailing Address: ________________________________________________________________

5. Email: ______________________________________________________________________________

6. Candidate/Board is requesting: Partial refund of examination fees____ or NTS Extension____ Partial refunds will be issued via CHECK and sent to the mailing address you list above within 15 days of being approved.

7. Candidate hardship: Death___ Medical___ Military___ VISA rejection___ Do not submit this form if you are requesting an extension of exam credit, please contact your Accountancy Board.

8. Application or Registration date: _______________  Section(s):   AUD___   BEC___   FAR___   REG___

9. Current NTS Expiration Date: _______/______/______

10. Are you currently scheduled with Prometric to take this examination section(s)? Yes___ No___ If Yes, you are required to cancel your appointment prior to submission of this form.

11. Did you miss a scheduled appointment with Prometric because of your circumstance? Yes___ No___ If Yes, do not complete/submit this form, you must email CandidateCare@nasba.org

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PLEASE COMPLETE THIS FORM CLEARLY & LEGIBLY

Candidate/Board Signature __________________________ Date __________________________

OFFICE USE ONLY

Date email sent to candidate:_______________________ FT or RE Sections: A B F R Request Approved: Yes No

Refund Amount: $__________________________ New Expiration Date:________________________

CPAES $__________________________ AUD Status:________________________ CES#

AICPA $__________________________ BEC Status:________________________ CES#

PROMETRIC $__________________________ FAR Status:________________________ CES#

OTHER $__________________________ REG Status:________________________ CES#

Total Refund $__________________________

Refund Mgr Sign:__________________________ NTS Mgr Sign:__________________________

Date Processed:__________________________ Date Submitted:__________________________

6/2019